

# Residential Builder Salesperson License, Relicensure or Transfer Application

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes/Residential Builder Section

P.O. Box 30255, Lansing, MI 48909

517-241-9309

lara-bcc-rbs-licensing@michigan.gov

Authority: 1980 PA 299, MCL 338.3434a

Penalty: Failure to provide information may result in denial of your request.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

**Note: A veteran providing satisfactory proof of separation from the armed forces of the United States under "honorable" or "general under honorable conditions" is exempt from the initial license fee. For consideration, please attach a copy of either a DD-214, and/or DD-215 to your application.**

## General Instructions:

- Mail completed application, required documents, and license fee to the address listed above. ☐ Veteran exemption
- Copy of operator's/driver's license or state personal identification card (New applicants only)
- Non-Michigan residents must submit a Consent to Service of Process.
- Current Pocket Card (transfer applicants only)

I have the ability and will serve the public in a fair, honest, and open manner. If I had a judgement of guilt in a criminal proceeding or a civil action against me, I am rehabilitated or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license.

☐ Yes ☐ No

Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction? (relicensure only)

☐ Yes ☐ No

\*\*\*\*\* Any documentation submitted with your application becomes property of the State of Michigan and will not be returned.

## Applicant Information

NAME OF SALESPERSON (First, Middle, Last)		DATE OF BIRTH		SOCIAL SECURITY NUMBER	
ADDRESS		CITY		STATE	ZIP CODE
LICENSE I.D. NUMBER (if applicable)	TELEPHONE NUMBER (Include Area Code)		E-MAIL ADDRESS		
EMPLOYER			EMPLOYEE LICENSE I.D. NUMBER		
Signature of Employing Residential Builder or Residential M & A Contractor				DATE	

CHECK THE LICENSE TYPE		FOR OFFICE USE ONLY		
<input type="checkbox"/> Builder Salesperson	\$ 195.00	2105-01 = \$165.00 2105-15 = \$ 30.00	LICENSE NUMBER	ISSUE DATE
<input type="checkbox"/> New Builder Salesperson	Fee Waived			
Armed Forces Veteran (see required additional documents)				
<input type="checkbox"/> Salesperson Relicensure	\$ 185.00	2105-06 = \$170.00 2105-15 = \$ 15.00		
<input type="checkbox"/> Builder Salesperson Transfer	\$ 10.00	2105-33 = \$ 10.00		
Make your check or money order in U.S. Currency payable to: <b>STATE OF MICHIGAN</b>				
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.				

## CERTIFICATION

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.

SIGNATURE

DATE